



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number	<b>10/527,101</b>
Filing Date	<b>December 27, 2005</b>
First Named Inventor	<b>BODARY-WINTER, et al.</b>
Group/Art Unit	<b>1645</b>
Examiner Name	<b>Not Yet Assigned</b>
Attorney Docket Number	<b>39766-0266 R1</b>

**ENCLOSURES (check all that apply)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Assignment Papers<br><i>(for an Application)</i>   | <input type="checkbox"/> After Allowance Communication to Group                                      |
| <input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                  |
| <input type="checkbox"/> Amendment / Response                                | <input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> Appeal Communication to Group<br><i>(Appeal Notice, Brief, Reply Brief)</i> |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition  | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Version with Markings Showing Changes               | <input type="checkbox"/> Petition to Convert to a Provisional Application   | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  | <input type="checkbox"/> Additional Enclosure(s)<br><i>(please identify below):</i>                  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Terminal Disclaimer  | <input type="checkbox"/>   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Small Entity Statement   |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> Request for Refund   |  |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   | <input type="checkbox"/> Remarks  |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <b>AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT 08-1641 FOR ANY FEES DUE IN CONNECTION WITH THIS PAPER (Ref. Atty. Docket No. 39766-0266 R1)</b> |  |

**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**Firm  
or  
Individual name

PANPAN GAO, ESQ., REG. NO. 43,626, HELLER EHRLICH LLP

Signature

Date

OCTOBER 23, 2007

Customer Number: 25213

**CERTIFICATE OF FILING****FILED VIA EFS – OCTOBER 23, 2007**

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop \_\_\_, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. 2310924